

**smt**  
Southern Montana Telephone  
*Local Connection, Global Reach*

P.O. Box 205  
Wisdom, MT 59761  
(406) 689-3333  
Fax (406) 689-3959  
[www.smtel.com](http://www.smtel.com)

June 6, 2017

*VIA ECFS*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 Twelfth Street S.W.  
Washington, D.C. 20554

RE: Southern Montana Telephone Company FCC Form 481 submittal

Dear Ms. Dortch,

Southern Montana Telephone Company hereby submits the attached "FCC Form 481 – Carrier Annual Reporting Data Collection" pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

If you have any questions, please contact me at [LMason@smtel.com](mailto:LMason@smtel.com) or (406) 689-3333.

Sincerely,

Larry Mason

Enclosures



Universal Service  
Administrative Co.

[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 481](#)

## CONFIRMATION

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**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on Fri 2 Jun 17 12:16:19 PM EDT by lmason@smtel.com .

SAC : 482254

498 ID : 143002542

Carrier Name : SOUTHERN MONTANA TEL

Program Year : 2018

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at [HCCERTS@USAC.ORG](mailto:HCCERTS@USAC.ORG) if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

[Return to 481 Search](#) [Print Confirmation Page](#)

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**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form****FCC Form 481**  
**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2013**

<010> Study Area Code	482254
<015> Study Area Name	SOUTHERN MONTANA TEL
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Larry Mason
<035> Contact Telephone Number: Number of the person identified in data line <030>	4066893333 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	lmason@smtel.com
Form Type	54.313 and 54.422



(300) Unfulfilled Service Request  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	482254
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<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Larry Mason
<035> Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.com

<300> Unfulfilled service request (voice)	NA
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<310> Detail on attempts (voice)	Name of Attached Document
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<320> Unfulfilled service request (broadband)	NA
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<330> Detail on attempts (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	406689333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form

FCC Form 481  
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July 2013

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		482254MT510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

**(600) Functionality In Emergency Situations**  
Data Collection FormFCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	482254
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	482254MT610.pdf

FCC Form 481  
OMB Control No. 3045-0047  
July 2013

<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com
<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	21.0

[illegible]





<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066993333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.com

<900> Does the filing entity offer tribal land services? (Y/N)

No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

## (1000) Voice and Broadband Service Rate Comparability

## Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com

<1000> Voice services rate comparability certification Yes

482254MT1010.pdf

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1020> Broadband comparability certification

Name of Attached Document

<1030> Attach detailed description for broadband comparability compliance

(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com

<1100>	Certify whether terrestrial backhaul options exist (Y/N)	<div>Yes</div>
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<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	<div></div>
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(1200) Terms and Condition for Lifeline Customers  
 Lifeline  
 Data Collection Form

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@amtel.com

482254MT1210.pdf
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Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

<b>(2005) Price Cap Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</b>		July 2013
<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

### Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded information for Phase I milestone reports (Round 2 for year three) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing  
Required Information

Name of Attached Document Listing  
Required Information

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

Name of Attached Document Listing  
Required Information

(3005) Rate Of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 481  
OMB Control No. 3050-0986/OMB Control No. 3050-0819  
July 2013

<010>	Study Area Code	482254
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<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
		Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))		482254MT3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	482254MT3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010> Study Area Code	482254
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<039> Contact Email Address - Email Address of person identified in data line <030>	lmason@smte1.com

Financial Data Summary	
(3027) Revenue	5130782
(3028) Operating Expenses	3690100
(3029) Net Income	1137837
(3030) Telephone Plant In Service(TPIS)	28803461
(3031) Total Assets	16239630
(3032) Total Debt	7788058
(3033) Total Equity	7047595
(3034) Dividends	1369953

(4005) Rural Broadband Experiment Additional Documentation  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	482254
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.com

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

#### Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

#### Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information \_\_\_\_\_

#### Broadband Deployment Locations – FCC 14-98 (paragraph 80)

**4004a.** Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information \_\_\_\_\_

**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information \_\_\_\_\_

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	482254
<015> Study Area Name	SOUTHERN MONTANA TEL
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<039> Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: SOUTHERN MONTANA TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/06/2017
Printed name of Authorized Officer: Larry Mason	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 4066893333 ext.	
Study Area Code of Reporting Carrier: 482254	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	482254	
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<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Larry Mason	
<035> Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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## Attachments

Consumer Protection

**Southern Montana Telephone Company** complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

**Southern Montana Telephone Company** complies with the service standards of the State of Montana as promulgated in the Montana Administrative Rule 38.5 subchapter 33, Telecommunications Service Standards.

Back-up Power

**Southern Montana Telephone Company** has the following back-up power capabilities:

Switches – stand alone and/or host

Southern Montana Telephone Company's Host Switch has a 36 KW propane powered generator with a 500 gallon fuel supply tank. Approximate run time is 48 hours with no maintenance.

Central Office batteries are rated at 1,120 AH capable of 55 amp draw for approximately 8 hours.

**Remote Central Offices**

Most remote central offices are equipped with 12.5 KW propane powered generators with a 500 gallon fuel supply tank. Approximate run time is 48 hours with no maintenance.

Southern Montana Telephone Company has two 15 KW trailer mounted mobile gasoline powered generators for remote central offices without stationary backup power, each with fuel capacity to run approximately 8 hours. These are stored at the host central office site.

Remote central office batteries are rated at 456 AH capable of 20 amp draw for approximately 8 hours.

**Subscriber carrier (DLC, AFC, OPM, etc.)**

Carrier huts are equipped with external connections for use with mobile generators. Hut batteries are rated at 96 AH capable of 23.4 amp draw for approximately 8 hours.

Southern Montana Telephone Company uses both Purcell and Calix brand DLC batteries. Purcell brand DLC cabinet batteries are rated at 180 AH capable of 22 amp draw for 8 hours. Calix brand DLC cabinet batteries are rated at 38 AH capable of 4.5 amp draw for approximately 8 hours.

**Network Interface Devices (NIDs)**

**Southern Montana Telephone Company** has 230 customers with metallic (copper) connections to the Central Office and their NIDs are powered from the Central Office.

**Southern Montana Telephone Company** has 687 customers with non-metallic (fiber optic) connections to the Central Office. These customers' NIDs are battery powered in case of emergency. The batteries are rated to last 10 hours with no use and 6 hours with constant use.

Ability to reroute traffic around damaged facilities

**Southern Montana Telephone Company** has in place redundant ERPS and SONET rings to reroute traffic in the event of a transport fiber cut or equipment failure.

Capability to manage traffic spikes resulting from emergency situations

**Southern Montana Telephone Company** has 917 customers, switching capacity of 10,000 simultaneous calls, and transport capacity for 64 simultaneous calls. **Southern Montana Telephone Co.** takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations.

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<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smte1.com

1/1/2017
21.0

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

<703>

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smte1.com

[illegible]

482254MT1010.pdf

As evidenced by the data provided in lines 702 and 703 of this Form 481, **Southern Montana Telephone Company's** voice service pricing is, in fact, less than the national average urban rate (\$49.51) for voice service as announced by the Wireline Competition Bureau in April 2016 (DA 17-167) and therefore, by definition, is no more than 2 standard deviations above that published rate.

# LIFELINE ASSISTANCE FORM


☐ Initial Lifeline Enrollment

☐ Re-Certification of Lifeline Enrollment

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. All SMTC subscribers, including Lifeline subscribers, have unlimited local calling privileges at no additional charge. A Lifeline subscriber, as with any SMTC subscriber, is free to choose their own long distance through carriers that serve SMTC locations.

The information you provide on this form is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored by Southern Montana Telephone Company.

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_ \_

Residential Address:

Physical Address (no PO Boxes, must be your 9-1-1 address): \_\_\_\_\_

Billing Address (PO Box allowed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This address is:

☐ Permanent ☐ Temporary ☐ Multi-household

Do you share this address with any other person over the age of 18? ☐ Yes ☐ No (If yes, please complete the Household Worksheet on Page 3)

## ELIGIBILITY

ARE YOU CURRENTLY PARTICIPATING IN ANY OF THE FOLLOWING PROGRAMS? (Check all that apply)

- ☐ Supplemental Nutrition Assistance Program (SNAP)
 ☐ Federal Public Housing Assistance
 ☐ Medicaid  
☐ Supplemental Security Income (SSI)
 ☐ Veterans Pension or Survivor's Pension Benefit  
☐ Income below the Federal Poverty guideline

IS YOUR INCOME AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES ☐ Yes ☐ No

If yes, how many people are in your household? \_\_\_\_\_

Qualifying income per person:

(1) \$16,038 (2) \$21,627 (3) \$27,216 (4) \$32,805 (5) \$38,394 (6) \$43,983 (7) \$49,586 (8) \$55,202

Add \$5,616 for each additional person.

IS ANYONE ELSE IN YOUR HOUSEHOLD CURRENTLY RECEIVING ANY LOW-INCOME ASSISTANCE FROM ANY OTHER WIRELINE OR WIRELESS TELEPHONE PROVIDER? ☐ Yes ☐ No

## CERTIFICATIONS

- I understand that Lifeline is a federal benefit and that willfully making false statement to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- I understand only one Lifeline service is available per household and understand that a household is not permitted to receive Lifeline benefits from multiple providers.
- I understand that a household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- I understand that violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in my de-enrollment from the program.
- I certify that no other individual in my household is currently receiving Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that Lifeline is a non-transferable benefit and I may not transfer my benefit to any other person.
- I agree to notify my telecommunications provider within 30 days if I no longer meet the income-based or program based criteria for receiving Lifeline support or if I find that I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit. I may be subject to penalties if I fail to do so.
- I agree to notify my telecommunications provider within 30 days if I move to a new address.
- I agree to provide documentation of my eligibility when required to do so and understand that failure to do so may result in de-enrollment.
- I understand that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- By participating in this government program, I agree to allow my personal information to be added to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from the program.
- I certify under penalty of perjury that I meet the eligibility criteria and the information that I populated in the Eligibility section of this form is correct.
- I understand completion of this certification form does not constitute immediate acceptance into the Lifeline program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit your completed form using one of the following methods. Lifeline subscribers will receive a re-certification form annually and must return that form within 30 days to ensure the continuation of Lifeline assistance benefits.**

*In-person or U.S. Postal Service:*  
 Southern Montana Telephone Company  
 P.O. Box 205  
 Wisdom, MT 59761

*Fax: 406-689-3959*

*Email: [SMTC@smtel.com](mailto:SMTC@smtel.com)*

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**SOUTHERN MONTANA TELEPHONE COMPANY USE ONLY**

Date Form and Document Received: \_\_\_\_\_ Customer Acct No.: \_\_\_\_\_

Specific Documentation Provided by Customer Supporting Eligibility: \_\_\_\_\_

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**HOUSEHOLD WORKSHEET**

*If you share an address with another person who may have, or be eligible for Lifeline services, you must complete this Worksheet. This other person may not be a part of your household. Please answer the questions below to determine whether there is more than one household residing at your address.*

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner)        YES        NO
  - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
 

A. A parent	<u>      </u> YES	<u>      </u> NO	
B. An adult son or daughter	<u>      </u> YES	<u>      </u> NO	
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<u>      </u> YES	<u>      </u> NO	
D. An adult roommate	<u>      </u> YES	<u>      </u> NO	
E. Other _____			Other _____

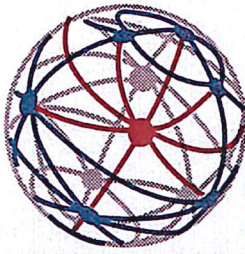
  - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked YES for any statement above, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?        YES        NO
  - If you checked NO, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked YES, then your address includes **only one household**. You may not sign up for Lifeline if someone in your household already receives Lifeline.

- A.        I certify that I live at an address occupied by multiple households.
- B.        I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

**SIGNATURE**

*By signing below I certify that all information contained on this worksheet is true and correct. I understand that if I knowingly provide false information in order to obtain Lifeline benefits I will be guilty of perjury which is punishable by fines or imprisonment up to five years.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**smt**  
Southern Montana Telephone  
*Local Connection, Global Reach*

P.O. Box 205  
Wisdom, MT 59761  
(406) 689-3333  
Fax (406) 689-3959  
[www.smtel.com](http://www.smtel.com)

June 1, 2017

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Re: WC Docket No. 14-58, 2015 Annual Report, Form 481 for High-Cost Recipient  
54.313(f)(1) "Public Interest Obligation"

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that Southern Montana Telephone Company provides High Speed Internet service to its customers and:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream / 1 Mbps upstream;
- Provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If there are questions, I may be contacted at (406) 689-3333.

Sincerely,

Larry B Mason  
General Manager

<b>USDA-RUS</b>  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>		<i>This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.</i> <b>BORROWER NAME</b>  Southern Montana Telephone Company  (Prepared with Audited Data)			
<i>INSTRUCTIONS-Submit report to RUS within 30 days after close of the period. For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.</i>		<b>PERIOD ENDING</b> December, 2016		<b>BORROWER DESIGNATION</b> MT0526	
<b>CERTIFICATION</b>  <i>We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief. ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.</i>  <b>DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII</b>  <i>(Check one of the following)</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> All of the obligations under the RUS loan documents have been fulfilled in all material respects.         </div> <div style="width: 45%;"> <input type="checkbox"/> There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 10%; text-align: center;">DATE</div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div>					
<b>PART A. BALANCE SHEET</b>					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents	1,334,359	1,183,241	25. Accounts Payable	135,835	59,265
2. Cash-RUS Construction Fund	466	466	26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments	19,297	22,172
a. Telecom, Accounts Receivable	116,207	120,370	28. Customer Deposits	1,320	1,160
b. Other Accounts Receivable			29. Current Mat. L/T Debt	975,141	1,029,920
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable	443,050	356,561	33. Other Taxes Accrued	129,695	132,264
c. Notes Receivable			34. Other Current Liabilities	145,223	159,196
5. Interest and Dividends Receivable			<b>35. Total Current Liabilities (25 thru 34)</b>	1,406,511	1,403,977
6. Material-Regulated	108,670	32,584	<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes	8,558,564	7,788,058
8. Prepayments	25,659	18,434	37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
<b>10. Total Current Assets (1 Thru 9)</b>	2,028,411	1,711,656	39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Reacquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development	340,106	349,737	<b>46. Total Long-Term Debt (36 thru 45)</b>	8,558,564	7,788,058
13. Nonregulated Investments	226,328	239,223	<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
<b>17. Total Noncurrent Assets (11 thru 16)</b>	566,434	588,960	50. Total Other Liabilities and Deferred Credits (47 thru 49)	0	0
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service	27,792,483	28,803,461	51. Cap. Stock Outstand. & Subscribed	6,100	6,100
19. Property Held for Future Use			52. Additional Paid-in-Capital	3,290	3,290
20. Plant Under Construction	7,950	55,811	53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation	13,150,492	14,920,258	55. Other Capital		
<b>23. Net Plant (18 thru 21 less 22)</b>	14,649,941	13,939,014	56. Patronage Capital Credits		
<b>24. TOTAL ASSETS (10+17+23)</b>			57. Retained Earnings or Margins	7,270,321	7,038,205
	17,244,786	16,239,630	<b>58. Total Equity (51 thru 57)</b>	7,279,711	7,047,595
			<b>59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)</b>	17,244,786	16,239,630

Total Equity = 43.40% % of Total Assets

<b>USDA-RUS</b>  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>		<b>BORROWER DESIGNATION</b>  MT0526
<b>INSTRUCTIONS- See RUS Bulletin 1744-2</b>		<b>PERIOD ENDING</b>  December, 2016
<b>PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS</b>		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues	252,535	269,961
2. Network Access Services Revenues	5,237,950	4,763,851
3. Long Distance Network Services Revenues	113,364	96,931
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues	5,256	1,227
6. Uncollectible Revenues	644	1,178
<b>7. Net Operating Revenues (1 thru 5 less 6)</b>	<b>5,608,461</b>	<b>5,130,792</b>
8. Plant Specific Operations Expense	532,398	659,140
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)	391,474	421,905
10. Depreciation Expense	1,549,394	1,735,100
11. Amortization Expense	8,750	8,750
12. Customer Operations Expense	146,700	144,280
13. Corporate Operations Expense	756,555	720,925
<b>14. Total Operating Expenses (8 thru 13)</b>	<b>3,385,271</b>	<b>3,690,100</b>
15. Operating Income or Margins (7 less 14)	2,223,190	1,440,692
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes	234,101	242,268
<b>20. Total Operating Taxes (17+18+19)</b>	<b>234,101</b>	<b>242,268</b>
21. Net Operating Income or Margins (15+16-20)	1,989,089	1,198,424
22. Interest on Funded Debt	329,689	321,753
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction	63,148	
<b>26. Total Fixed Charges (22+23+24-25)</b>	<b>266,541</b>	<b>321,753</b>
27. Nonoperating Net Income	172,831	401,936
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income	(68,772)	(140,770)
<b>31. Total Net Income or Margins (21+27+28+29+30-26)</b>	<b>1,826,607</b>	<b>1,137,837</b>
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year	6,654,429	7,270,321
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)	1,210,715	1,369,953
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
<b>39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]</b>	<b>7,270,321</b>	<b>7,038,205</b>
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
<b>43. Patronage Capital End-of-Year (40+41-42)</b>	<b>0</b>	<b>0</b>
44. Annual Debt Service Payments	1,311,066	1,224,877
45. Cash Ratio [(14+20-10-11) / 7]	0.3675	0.4265
46. Operating Accrual Ratio [(14+20+26) / 7]	0.6929	0.8291
47. TIER [(31+26) / 26]	7.8530	4.5364
48. DSCR [(31+26+10+11) / 44]	2.7850	2.6153

USDA-RUS		BORROWER DESIGNATION	
OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS		MT0526	
		PERIOD ENDED December, 2016	
INSTRUCTIONS – See help in the online application.			
PART I – STATEMENT OF CASH FLOWS			
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		1,334,825
CASH FLOWS FROM OPERATING ACTIVITIES			
2.	Net Income		1,137,837
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities			
3.	Add: Depreciation		1,735,100
4.	Add: Amortization		8,750
5.	Other (Explain)		
Changes in Operating Assets and Liabilities			
6.	Decrease/(Increase) in Accounts Receivable		82,326
7.	Decrease/(Increase) in Materials and Inventory		76,086
8.	Decrease/(Increase) in Prepayments and Deferred Charges		7,225
9.	Decrease/(Increase) in Other Current Assets		0
10.	Increase/(Decrease) in Accounts Payable		(76,570)
11.	Increase/(Decrease) in Advance Billings & Payments		2,875
12.	Increase/(Decrease) in Other Current Liabilities		16,542
13.	Net Cash Provided/(Used) by Operations		2,990,171
CASH FLOWS FROM FINANCING ACTIVITIES			
14.	Decrease/(Increase) in Notes Receivable		0
15.	Increase/(Decrease) in Notes Payable		0
16.	Increase/(Decrease) in Customer Deposits		(160)
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		(715,727)
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits		0
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		0
20.	Less: Payment of Dividends		(1,369,953)
21.	Less: Patronage Capital Credits Retired		0
22.	Other (Explain) Reconcile Amount		25,916
23.	Net Cash Provided/(Used) by Financing Activities		(2,059,924)
CASH FLOWS FROM INVESTING ACTIVITIES			
24.	Net Capital Expenditures (Property, Plant & Equipment)		(1,058,839)
25.	Other Long-Term Investments		(22,526)
26.	Other Noncurrent Assets & Jurisdictional Differences		0
27.	Other (Explain)		
28.	Net Cash Provided/(Used) by Investing Activities		(1,081,365)
29.	Net Increase/(Decrease) in Cash		(151,118)
30.	Ending Cash		1,183,707

Revision Date 2010